



Communicable Disease and Epidemiology News

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Update on Multi-State Outbreak of *E. coli* O157:H7 Infections Associated with Consumption of Fresh Spinach

As of September 28, 2006, 187 persons infected with an outbreak strain of *E. coli* O157:H7 have been reported to CDC from 25 states.

Three cases have occurred in Washington State residents—one each in Cowlitz, Island, and Benton Counties. No outbreak-associated cases of *E. coli* O157:H7 infection have been identified in King County.

The outbreak is notable for high rates of hospitalization and hemolytic-uremic syndrome (HUS). Among the ill persons, 97 (52 percent) have been hospitalized, 29 (16 percent) have developed HUS, and an adult in Wisconsin has died. One hundred thirty-four (71 percent) were female and 18 (7 percent) were children under 5 years old. The proportion of people who developed HUS was 29 percent in children less than 18 years of age, 7 percent in persons 18 to 59 years old, and 14 percent in persons age 60 years or older. Typically, only about 8 percent of *E. coli* O157:H7 infections lead to HUS, and young children and the elderly are at highest risk.

Eighty-two percent of persons who reported an onset date became ill between August 19 and September 5. The peak time when illnesses began was August 30th to September 1st.

E. coli O157:H7 infection typically begins with 1 to 3 days of non-bloody diarrhea which sometimes becomes bloody. Patients typically report significant abdominal pain and cramping. Fever is often absent or low-grade. Nausea, vomiting, and lethargy are also sometimes present. The incubation period is between 1 and 10 days.

Please obtain stool cultures for patients with:

- Acute bloody diarrhea
- Acute non-bloody diarrhea accompanied by a disproportionate degree of abdominal pain
- Diarrhea with fever
- Acute diarrhea in an immune compromised patient, or diarrhea in a patient who has a family member with a stool culture positive for *E. coli* O157:H7 or other enteric pathogen.

Specify on the lab slip that you are requesting testing for *E. coli* O157:H7. Tests for fecal leukocytes cannot reliably predict the presence or absence bacterial pathogens in the stool.

- For patients with severe illness and/or a petechial rash, also consider obtaining a complete blood count with platelets, serum electrolytes, BUN and creatinine, and urinalysis.

Persons with suspected or confirmed *E. coli* O157:H7 infection should not be treated with antibiotics, as antibiotic therapy has not been shown to be of benefit and may be associated with an increased risk for HUS.

***E. coli* O157:H7 infection and HUS (regardless of *E. coli* O157:H7 culture status), should be reported immediately to Public Health at (206) 296-4774, day or night.**

Human West Nile Virus Acquired in Washington Reported from Pierce County

A Pierce County man and his wife, both in their forties, were confirmed to have West Nile virus infection. The infected couple became ill in July, and had not traveled out of the state during the

exposure period. Both developed West Nile fever without invasive neurological disease. West Nile virus is not spread from person-to-person. This summer, 5 horses and 1 magpie in Yakima County also tested positive for West Nile Virus.

West Nile virus dead bird surveillance continues. To report a dead bird in King County, go to: www.metrokc.gov/HEALTH/westnile/deadbird.htm or call (206) 296-4394.

Pandemic Flu Factsheets for Patients

Several factsheets about influenza and pandemic flu have been developed by Public Health for health care providers to download and share with their patients. Fact sheets are available on the following topics:

- Preventing the spread of influenza
- How to care for someone with influenza
- Pandemic flu planning checklist for individuals and families
- Family health information (PDF)
- Seasonal influenza vaccine

Factsheets are available at: www.metrokc.gov/HEALTH/pandemicflu/hcp/index.htm

Medical and Support Volunteers Wanted for Public Health Reserve Corps

In large scale health emergencies and disasters, Public Health works with health care facilities and clinicians to coordinate and carry out effective emergency response activities to limit injury, illness, suffering, and death. To improve our community’s capacity to respond, Public Health is establishing a volunteer Public Health Reserve Corps to deploy when disaster hits. Public Health Reserve Corps volunteers are prescreened and trained to augment Public Health

staff during emergency response in King County. At this time, the Public Health Reserve Corps is focusing on assisting with:

- Dispensing medications and vaccinations
- Conducting health assessments and triage

Currently, the Public Health Reserve Corps is particularly interested in recruiting:

- Pharmacists and Pharmacy technicians
- Advanced Registered Nurse Practitioners
- Registered Nurses
- Licensed Practical Nurses
- Physicians
- Support volunteers

For more information and to apply for the Public Health Reserve Corp, go to: www.metrokc.gov/HEALTH/phreservecorps/index.htm

Disease Reporting

AIDS/HIV(206) 296-4645
STDs(206) 731-3954
TB(206) 731-4579
All Other Notifiable Communicable Diseases (24 hours a day) (206) 296-4774
Automated reporting line for conditions not immediately notifiable(206) 296-4782

Hotlines

Communicable Disease(206) 296-4949
HIV/STD(206) 205-STD5

Public Health-Seattle & King County Online Resources

Home Page: www.metrokc.gov/health/
The **EPI-LOG**:
www.metrokc.gov/health/providers

Reported Cases of Selected Diseases, Seattle & King County 2006				
	Cases Reported in August		Cases Reported Through August	
	2006	2005	2006	2005
Campylobacteriosis	22	38	172	218
Cryptosporidiosis	3	4	23	55
Chlamydial infections	481	486	3,431	3,808
Enterohemorrhagic E. coli (non-O157)	0	0	2	5
E. coli O157: H7	9	3	32	15
Giardiasis	7	19	72	92
Gonorrhea	209	187	1,342	1,171
Haemophilus influenzae (cases <6 years of age)	1	0	2	2
Hepatitis A	1	2	10	12
Hepatitis B (acute)	1	2	10	17
Hepatitis B (chronic)	65	63	466	388
Hepatitis C (acute)	1	1	6	6
Hepatitis C (chronic, confirmed/probable)	139	134	995	886
Hepatitis C (chronic, possible)	28	23	208	260
Herpes, genital (primary)	83	80	542	543
HIV and AIDS (includes only AIDS cases not previously reported as HIV)	33	33	160	301
Measles	0	1	0	1
Meningococcal Disease	2	1	7	13
Mumps	0	0	2	1
Pertussis	9	37	83	192
Rubella	0	0	0	1
Rubella, congenital	0	0	0	0
Salmonellosis	31	22	131	149
Shigellosis	10	10	33	45
Syphilis	20	19	155	108
Syphilis, congenital	0	0	0	0
Syphilis, late	12	9	55	53
Tuberculosis	30	13	99	76

The EPI-LOG is available in alternate formats upon request.